المهمانية معتب والمهم والمنافع والمعافية والمستعدد والمستعدد والمتابية والمتابية والمتابية والمتابية والمتابية	
ADVICANA CIDATED DO	ADD OF HEALTH
ARIZONA STATE BO BUREAU OF VITA	Diate the Montantantantantantantantantantantantantan
. PLACE OF BIRTH STANDARD CERTIFI	Registered No.
Jela	State An zma
Claubon!	or Village
district of Township	af Sy. St. Ward
City	a hospital or institution, give its NAME instead of street and number)
2. Full name of child. Clara May	If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY 4. Twin, triplet or other	6. Legitimate? 7. Date 40. 6 110 19 8
in event of plural births. 5. No., in order of birth	of birth
8. FATHER 119	14. MOTRER - O
Full name John Samuel Frosk	Pull maiden name Hazel A, Wonovay
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
(Usual place of abode) If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or pace
Tolute 11. Age at last birthday 34 (Years)	while 17. Ago at last birthday 31 (Years)
11. Age at last bitings(1443)	Puelo
12. Birthplace (city or place)	18. Birthplace (city or state)
(State or country). Four ang	(State or country)
13. Occupation	19. Occupation #
Nature of industry	Nature of industry
(a) Porn allies	and now living
	out now dead
certified and including this child). (c) Stillborn	0 1
/1 🖘	ing Physician or Midwife 4 40 P
I hereby certify that I attended the birth of this child, who was	Born alive o stillion)
* When there was no attending physician or midwife, then the father, householder,	Lewis Com
etc., should make this returns. A stillborn	$\gamma n. \mathcal{N}$.
shows other evidence of life after pirth.	(Physician or midwife).
a supplemental report Month, day, year	20 15 28 1 5
Filed	19 10.6.
Registrar.	Registrar.
378-1211-845	